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No. B-13
1960

SERIES B—No.13

HEALTH STATISTICS

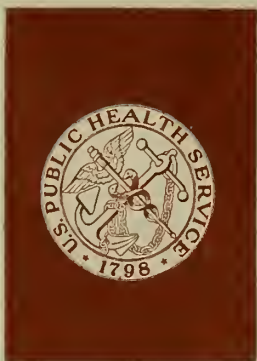
FROM THE U.S. NATIONAL HEALTH SURVEY

**Heart Conditions and
High Blood Pressure
reported in interviews**

**United States
July 1957 - June 1958**



U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE



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for catalog card.

HEALTH STATISTICS

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Heart Conditions and High Blood Pressure reported in interviews

United States
July 1957 - June 1958

Statistics on the prevalence of heart conditions and high blood pressure and days of disability due to these conditions by age, sex, and medical care status. Based on data collected in household interviews during the period July 1957-June 1958.

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the Health Interview Survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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EXPLANATION OF SYMBOLS

Data not available (three dashes)-----	---
Category not applicable (three dots)-----	...
Quantity is zero (1 dash)-----	-
Magnitude greater than zero but less than one-half of the unit used-----	0 or 0.0
Magnitude of the sampling error precludes showing separate estimates-----	(*)

HEART CONDITIONS AND HIGH BLOOD PRESSURE

THE PREVALENCE OF CHRONIC CONDITIONS

Estimates of the number of cases of chronic illness of various types in the United States, or in particular cities, counties, States, or other population groups, have been derived from different sources. These sources may be divided into two categories: surveys based on medical records and examinations, and surveys conducted by household interview.

When surveys of these two types are used to measure the prevalence of chronic illness, that is, the number of cases in the population at any one time, there is a basic difference in the underlying concept of morbidity that is associated with the survey methods. In surveys based upon medical records or examinations, the concept of morbidity is that which the physician usually employs. Through the use of diagnostic tests, examination procedures, and medical history questions the physician determines whether certain clinical signs and symptoms are present. On this basis, he makes a decision that one or another disease is or is not present.

In the household-interview survey, however, the objective is to identify conditions which represent a departure from a state of physical or mental well-being as seen by the affected individual himself or members of his family. A person

is not considered to be ill unless he thinks of himself as ill, and the evidence that he thinks of himself as ill is, first, the reporting of illness in an interview, and, second, if desired, the taking of certain actions which indicate awareness of illness, such as seeing a physician, cutting down on activities, and so forth.

Statistics on the prevalence of chronic disease based upon each of these concepts of morbidity are collected, and each type has particular usefulness for different purposes. The statistics based upon the medical criteria are appropriate for the study of the etiology and epidemiology of diseases, the stages of disease, the forms of treatment, the rehabilitation potential, and similar problems with which the medical sciences are concerned.

The illness reported in interviews, on the other hand, is particularly relevant to study of the social aspects of morbidity—the use or nonuse of medical care, the disability, and, in general, the behavior of people in the face of ill health.

In the former type of chronic disease statistics, the diagnostic classification can be made more precise, and, in view of the uses to which such statistics are put, this precision is necessary. In the latter type, one has to be content with much less precision in the diagnostic classification because the description of the nature of the condition must be passed from the attending physician to the family and thence to the interviewer, with all of the possible errors that this process

entails. However, for most of the uses to which these statistics are appropriate, broader disease categories are satisfactory.

Surveys based on medical records and examinations, and surveys based on household interviews yield results which differ widely for some disease groups. In particular, a medical examination survey may pick up numerous chronic conditions that were not reported in prior interviews with the examined persons. In these interviews the individuals do not, of course, report conditions they do not know they have. (These unreported conditions may include some which have never been diagnosed and some which have been diagnosed but which have not been communicated to the family by the physician.) The interviewed persons also tend not to report those conditions which have had no social or economic impact upon their lives. Thus, those ailments which are reported to an interviewer have passed through a screening which selects those of which the individual is most aware and to which he attributes the greatest importance.

It should also be pointed out that some conditions reported in interviews which have been troublesome to the respondent and which have interfered with his usual activities may be undetectable by diagnostic tests and physical examination. Thus, while these two concepts of morbidity overlap, neither one is wholly contained within the other. Neither one represents a "true" concept of prevalence. Each concept is appropriate for measuring illness along a different axis, and each form of measurement is subject to its own peculiar sources of error. Nevertheless, each is useful, though for different purposes.

The data to be presented in the main body of this report are statistics of heart disease and high blood pressure collected by means of household interviews. They measure the levels of these diseases in terms of cases which the people interviewed have been made aware of, have remem-

bered, and considered sufficiently important to report.

The estimates of numbers of cases and rates from the National Health Survey household interviews were obtained using methods and definitions which are described in the following section and in Appendices I and II.

SOURCE AND CLASSIFICATION OF DATA ON CHRONIC CONDITIONS

Data on chronic conditions presented in this report are based primarily on replies to four "illness-recall" questions in the Health Household Interview.

1. Were you sick at any time last week or the week before?
2. Last week or the week before did you take any medicine or treatment for any condition?
3. At the present time do you have any ailments or conditions that have continued for a long time? (If "No") Even though they don't bother you all the time?
4. Has anyone in the family . . . had any of these conditions during the past 12 months? (Interviewer reads list of major chronic conditions which includes "Heart trouble" and "High blood pressure.")

Positive responses concerning the diseases with which this report is concerned may come from any one or more of the four questions. The unduplicated positive replies represent total prevalence of the diseases. Because the statistics are based upon many household interviews throughout a 12-month period, the prevalence is actually an average prevalence during the year, that is, the average number of conditions of a particular type existing in the population in that period.

Further questions are asked regarding each condition to obtain a more explicit description of

its nature, and to obtain facts about medical attendance and disability. These facts are used to classify the conditions by type of condition and to establish the medical care and disability characteristics of the cases shown in this report.

The accuracy of the description of the nature of conditions which were "never medically attended" is obviously subject to much doubt. The extent to which such cases are reported and the degree of reliance to be placed in the classification of such conditions vary from one condition to another. For example, when diseases such as heart conditions and high blood pressure are reported as "never medically attended," one may have little or no confidence in the accuracy of the diagnoses, but the number of such cases represents only a small fraction of the total cases reported. On the other hand, for conditions such as asthma, hay fever, or sinusitis, where the proportion of cases "never medically attended" is higher, the respondent may report such cases on the basis of recognizable symptoms or previous family experience. A somewhat higher degree of confidence can be placed in the classification of conditions of this nature.

The two diagnostic categories considered in this report are shown in table A [heart conditions (I) and high blood pressure without a heart condition (II)]. Since the disease categories are mutually exclusive, the number of persons who have heart conditions may be added to the number of persons with high blood pressure to obtain the total number of persons with either a heart condition, high blood pressure, or both conditions. If a person reported both a heart condition and high blood pressure (Ib) he is counted only in the heart condition group (I). Therefore, the high blood pressure group (II) includes only people reporting high blood pressure who have not also reported a heart condition.

A description of the statistical design of the household survey, and general qualifications of the data presented in the report are given in Appendix I. Particular attention is called to the section on Reliability of Estimates, which includes tables of sampling errors and instructions for their use. Explanations and definitions of special terms and concepts used in this report are presented in Appendix II.

Table A. Persons with a heart condition or high blood pressure reported in interviews

	Number in thou- sands	Rate per 1,000 popula- tion
Total number with a heart condition or high blood pressure-----	10,117	60.1
I Total number with a heart condition-----	4,849	28.8
a. Number with a heart condition with no high blood pressure (ISC codes 410-434*)-----	3,951	23.5
b. Number with both a heart condition and high blood pressure (ISC codes 440-443)-----	898	5.3
II Number with high blood pressure without a heart condition (ISC codes 444-447)-----	5,268	31.3

*Code 420 Arteriosclerotic Heart Disease includes some people with this condition who also have high blood pressure. These conditions are merged in the initial medical coding procedure and cannot be counted separately.

DIAGNOSTIC GROUPS

The heart condition group includes International Statistical Classification code numbers 410-443 which cover the following major diagnostic groups; chronic rheumatic heart disease, arteriosclerotic and degenerative heart disease, hypertensive heart disease, and other diseases of the heart, I.S.C. code numbers 444-447, the category titled hypertensive disease without mention of heart, comprise the high blood pressure without heart involvement group.

Technically these are the diagnostic entities which make up the two chronic disease groups covered by this report. Actually, in a household-interview survey many of these conditions are described by the respondent in general terms such as heart trouble, weak heart, high blood pressure, etc. Therefore, a major portion of reported conditions such as these would properly be classified in either "Heart disease NOS (not otherwise specified)" or as "Hypertension NOS."

HEALTH SURVEY ESTIMATES

An estimated total of 10 million persons in the United States were reported to have either a heart condition or high blood pressure. That is, one person in 17 had either one or both of these conditions in the nationwide health household-interview survey conducted during the period July 1957-June 1958. Roughly, half of these people indicated that they had high blood pressure with no heart condition and the remainder had a heart condition or both high blood pressure and a heart condition.

The over-all prevalence rate for these diseases was 60.1 per 1,000 population. This figure is approximately a third as high as the prevalence rates for this same group of conditions when the illness is measured by means of a careful examination administered to a sample of the general

population. Reports of the studies sponsored by the Commission on Chronic Illness in Baltimore, Maryland,¹ and Hunterdon County, New Jersey,² showed prevalence rates of 163 and 236 per 1,000 population, respectively. This wide divergency between interview results and examination results had its principal origin in the different concepts of morbidity underlying the measurement procedures, as described in the first section of this report.

In the urban study the rate for heart disease among persons of all ages was 96 per 1,000 population, while that for hypertension without heart involvement was 66 per 1,000. In the rural study the prevalence of the total group of conditions, 236 per 1,000, was evenly divided between heart disease and hypertension without heart disease. These figures may be contrasted with the national statistics based on household interviews which yielded estimated rates of 28.8 for heart disease and 31.3 for high blood pressure.

The heart condition and high blood pressure prevalence rates in the national data follow a pattern typical of many chronic diseases. That is, they increase with age following a fairly regular pattern. Heart conditions range from a low rate of 5 per 1,000 persons in the group under 25 years of age to a high of 186 per 1,000 for those over 75 years of age. Similarly, the high blood pressure rates range from 2.5 per 1,000 for persons in the age group under 25 to 131 per 1,000 for those over 75.

Figure 1 and table 1 present the prevalence rates of each condition group according to sex and

¹Commission on Chronic Illness in 1953-54: Chronic Illness in a Large City: The Baltimore Study (Chronic Illness in the United States, Vol. IV). Harvard University Press, Cambridge, Mass. 1957.

²Commission on Chronic Illness: Chronic Illness in a Rural Area: The Hunterdon Study (Chronic Illness in the United States, Vol. III). Harvard University Press, Cambridge, Mass., 1959.

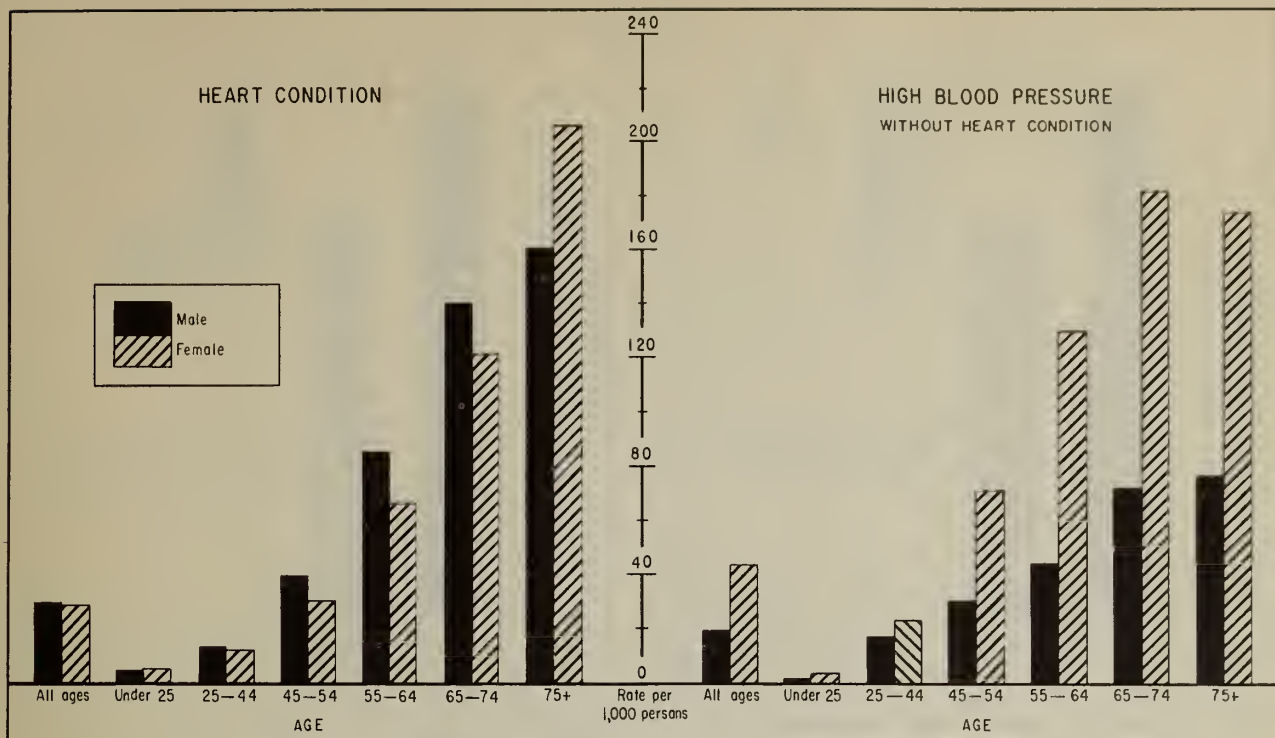


Figure 1. Number of persons per 1,000 population with a heart condition or high blood pressure without a heart condition by sex and age.

age. Note that the over-all prevalence rate of heart conditions among males and females was about the same: 29 per 1,000 persons for males and 28 per 1,000 for females. Certain age groups, however, showed significant rate differences for males and females. It is noteworthy that the age-sex pattern for morbidity from heart conditions, shown in table 1, bears some resemblance to that found in mortality for the same group of diseases, namely a ratio of male to female prevalence greater than 1 which starts in the early working ages and reaches a peak in the age groups 45-54 and 55-64 years of age. In the older ages there is a progressively lower ratio of male to female rates.

The difference in prevalence rates according to sex are more marked for high blood pressure. While the total prevalence rate for persons reporting high blood pressure without heart involvement

was 31 per 1,000, the rate for males was only 18 per 1,000 compared with 44 per 1,000 for females. In each age group shown in figure 1, females reported a significantly higher prevalence rate of high blood pressure than did males. This difference was greatest in the age group 55-64 where the rate of high blood pressure among females was about three times the rate for males (table 1).

MEDICALLY ATTENDED CONDITIONS

Figures 2 and 3 and table 2 show the distribution of persons with heart conditions or high blood pressure according to whether medically attended within the past year, medically attended more than one year ago, or never medically attended.

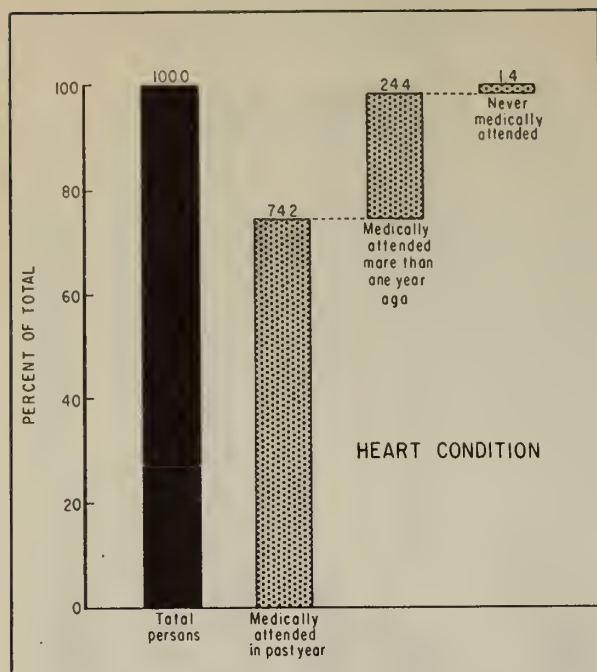


Figure 2. Percent distribution of persons with a heart condition by medical attention status.

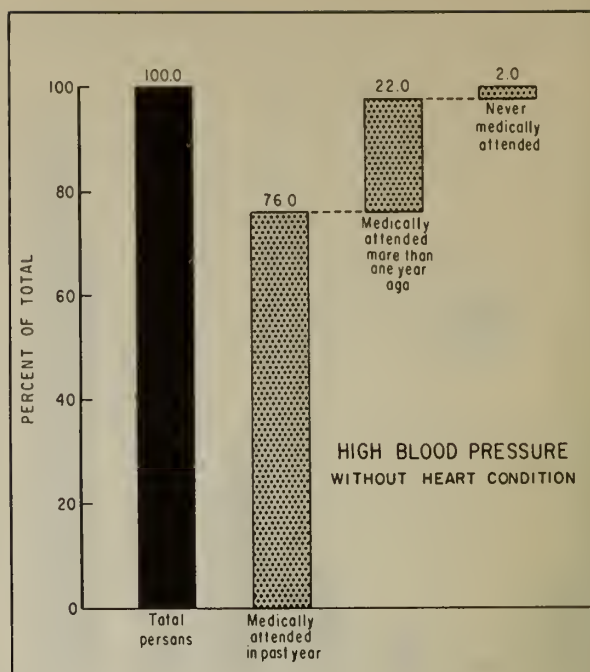


Figure 3. Percent distribution of persons with high blood pressure without a heart condition by medical attention status.

About 98 percent of the people reporting heart conditions or high blood pressure stated that these conditions had been medically attended. The proportion medically attended was the same for each condition. Seventy-five percent of all people reporting heart conditions or high blood pressure received medical attention within the past year for their condition. Another 23 percent had seen a physician about the condition but not for one year or more.

It should be pointed out that if people in the interview sample had undiagnosed but symptomatic heart disease which was beginning to give them trouble, they would not be able to report the nature of their condition in anything but symptomatic terms. Such symptoms would not have been classified as heart disease. Consequently, the small percentages included in the category "heart conditions - never medically attended" include only those people who, despite their failure to consult a physician, believed that their trouble was a heart

condition. The same holds true, of course, for high blood pressure.

Since only 1.4 percent of all the heart conditions and only 2.0 percent of the high blood pressure without heart involvement reported were never medically attended, a detailed table, showing prevalence estimates and rates for all medically attended conditions by age, is not included. These estimates and rates would almost duplicate those in table 1 for all groups shown on the table. Table 5 contains estimates and rates for a subgroup of the medically attended—persons with conditions medically attended in the past year.

MEDICAL ATTENTION AND "UNDER CARE" STATUS

Several types of tabulations are presented in order to give some objective indications of the significance of the conditions to the individuals

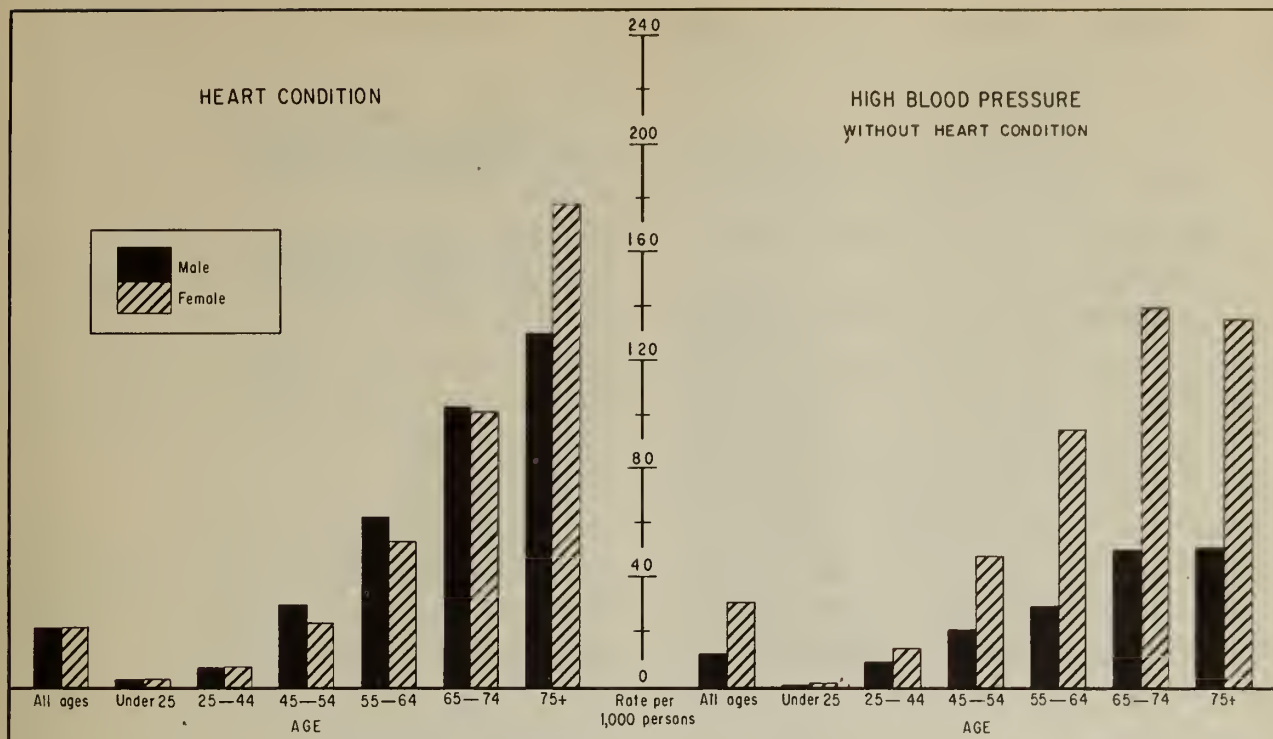


Figure 4. Number of persons per 1,000 population "under care" of a physician for a heart condition or high blood pressure without a heart condition by sex and age.

who reported them. The first classification involves the recency of medical care. One of the first reactions to the pain, disability, or fear resulting from illness is the seeking of medical attention. If the illness is not transitory, the individual will usually remain "under care" of a physician. In such cases he will be reported in the survey as still taking medicine or treatment or following advice prescribed by the physician. Tables 3 and 4 contain data in the form of frequencies, rates, and percentages which relate to the recency of medical attention and the proportion "under care" by sex and condition group. Seventy-five percent of all persons reporting heart conditions and 68 percent of all persons reporting high blood pressure stated that they still were taking medicine or treatment or following the advice of a physician ("under care"). Figure 4 shows

prevalence rates for heart conditions and high blood pressure which at the time of the survey were still under care of a physician by sex and age groups. By comparing the rates for those under care with the total rates shown in figure 1, it can be seen that the age-sex patterns are almost identical.

BED-DISABLING CONDITIONS

Disability is a criterion often used in health surveys as a measure of the severity of a condition. Of the 10 million persons reporting heart conditions or high blood pressure, 2 million, or only 1 out of every 5 persons, reported that they were confined to their bed for 1 or more days during the 12 months preceding the interview week be-

cause of these conditions. The number of persons who reported bed disability due to heart conditions with or without high blood pressure (1,323,000) was about twice as great as the number reporting bed disability due to high blood pressure without heart involvement (677,000). Figure 5 and tables 7, 8, and 9 show the estimates, rates, and the proportion of conditions involving bed disability. A bed-disability day is a day on which a person was kept in bed either all or most of the day because of the condition. "All or most of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

The classification of persons with conditions into two groups (conditions causing one or more

days of bed disability in the year and conditions causing no bed disability) reveals that the rate for bed-disabling cases of heart conditions is 7.9 per 1,000 persons as against a rate of 4.0 per 1,000 persons for high blood pressure. When the bed-disabling cases are further subdivided and the rates for cases involving major bed disability (31 or more days in the year) are examined, it appears that in this group there are about five times as many people with heart conditions as there are people with high blood pressure without heart involvement.

The percent distribution of persons with heart conditions or high blood pressure, according to the amount of bed disability caused by their condition, is shown in figures 6 and 7.

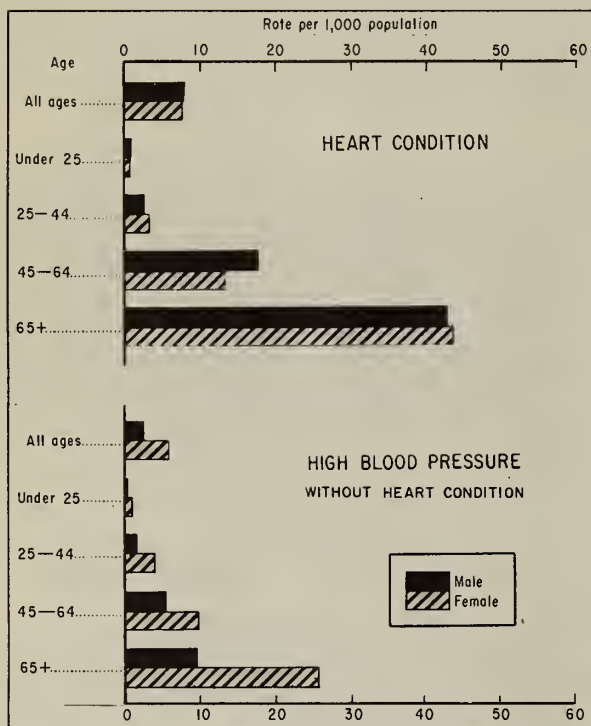


Figure 5. Number of persons per 1,000 population with a heart condition or high blood pressure, causing one or more days of bed disability in the year by sex and age.

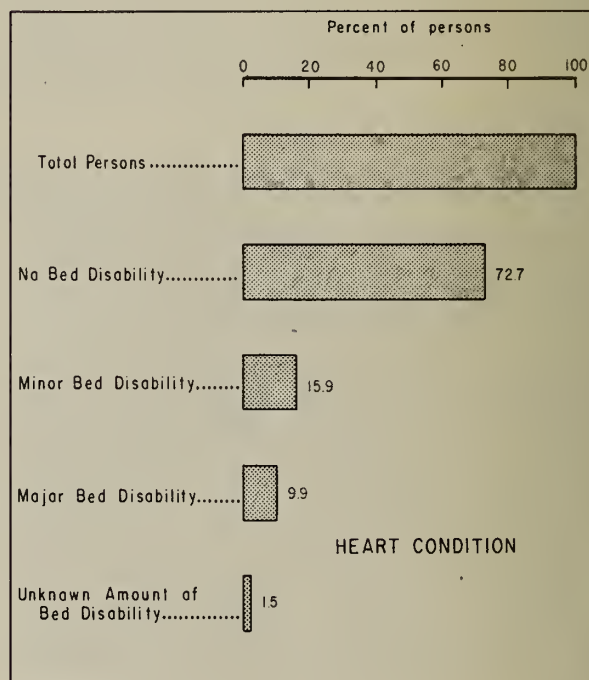


Figure 6. Percent distribution of persons with a heart condition according to the extent of bed disability caused by the condition.

be a work-loss day if the person would have been working on this day had he not been ill.

RESTRICTED-ACTIVITY DAYS

Heart conditions and high blood pressure caused an estimated total of 337 million days of restricted activity in the 12-month period from July 1957-June 1958. These 337 million days represent approximately 10 percent of the total person-days of restricted activity reported for all conditions (acute and chronic). Persons with heart conditions and those with both a heart condition and high blood pressure accounted for about 238 million restricted-activity days or 70 percent of the total for heart conditions or high blood pressure. About 99 million restricted-activity days were experienced by persons who reported high blood pressure without any heart involvement.

Figure 8 indicates the average number of restricted-activity days per year per person with the condition. In each of the age-sex groups shown, persons with heart conditions experienced a considerably higher average number of days of restricted activity due to their condition than those who reported high blood pressure without heart involvement. Heart conditions accounted for an average of 49 days of restricted activity per year per person with the condition and high blood pressure, 19 days. The average number of restricted-activity days increased with age in each of the condition groups, but in both groups there was a tendency to level off after middle age. In the case of high blood pressure, it is worth noting that, although female prevalence was considerably higher than male prevalence, the average number of restricted-activity days per case was higher at all ages among males.

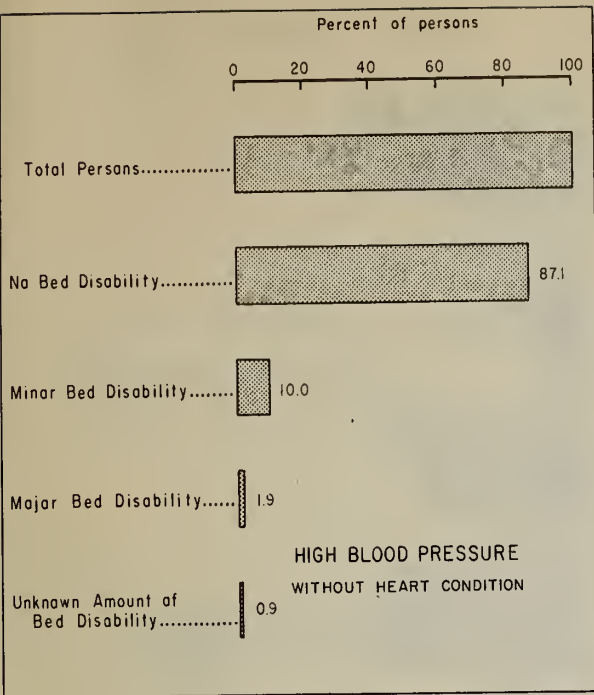


Figure 7. Percent distribution of persons with high blood pressure without a heart condition according to the extent of bed disability caused by the condition.

DISABILITY DAYS

As a further indication of the impact of these conditions on the Nation, data are presented on the number of days of disability they caused. Three different measures of disability are used in this report—restricted-activity days, bed-disability days, and work-loss days. By definition, "restricted-activity day" is the most inclusive measure of disability. A restricted-activity day is a day when a person has had to cut down on his usual activities for the whole of a day because of his condition. A restricted-activity day is also a bed-disability day if the condition kept the person in bed all or most of the day. For persons 17 years of age or over a restricted-activity day may also

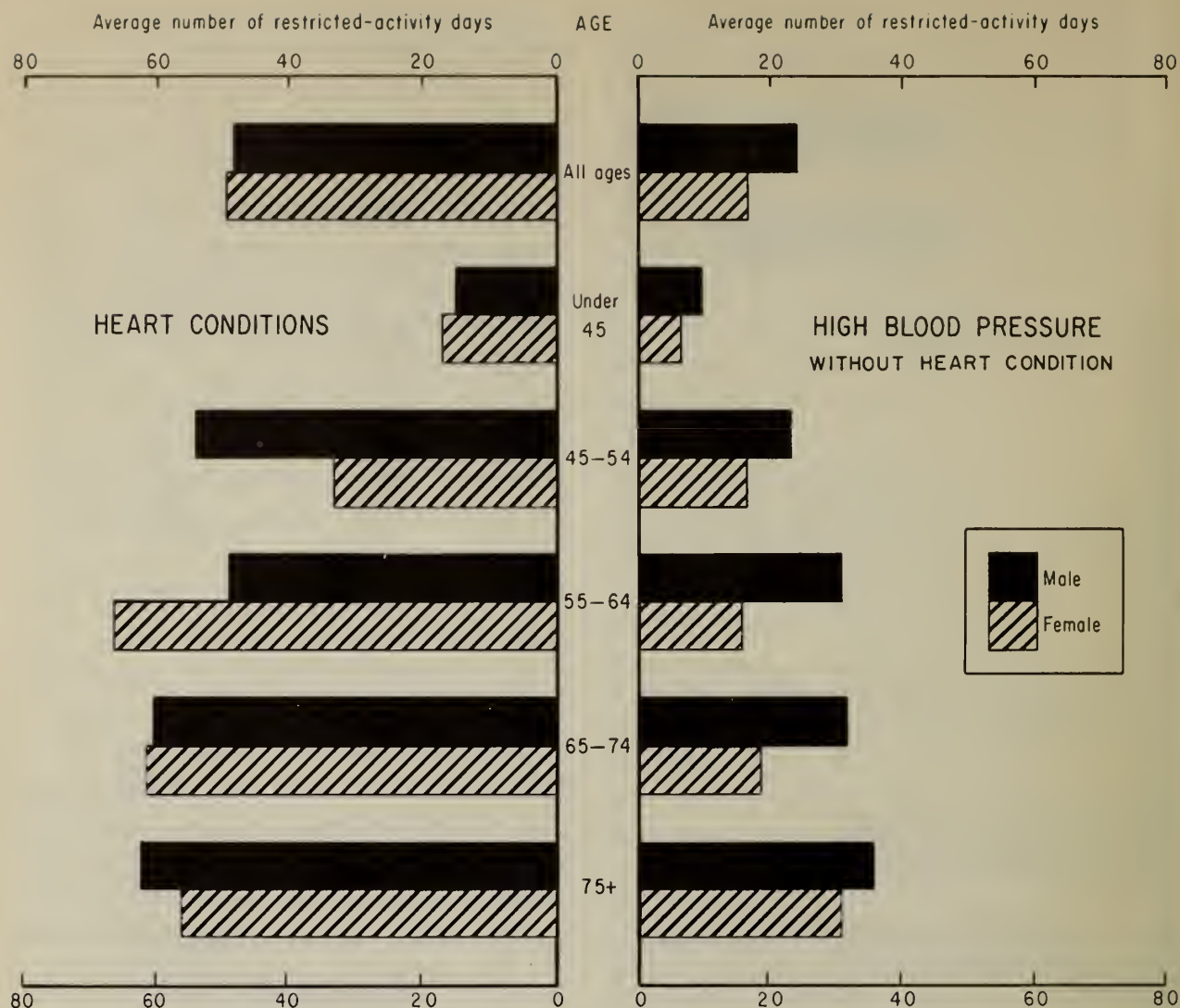


Figure 8. Average number of restricted-activity days per person with the condition per year due to heart conditions or high blood pressure by sex and age.

BED-DISABILITY DAYS

In the civilian noninstitutional population of the United States heart conditions and high blood pressure resulted in about 119 million bed-days during the year ending June 1958. About three times as many bed-days were associated with heart conditions (88 million) as with high blood pressure (32 million).

For the two conditions combined, approximately 35 percent of the restricted-activity days

were bed-disability days. In the heart condition group, bed-days accounted for 37 percent and in the high blood pressure group, 32 percent.

The average number of bed-days per condition (fig. 9) generally follows the same age-sex pattern as average days of restricted activity (fig. 8). Persons with heart conditions reported an average of 18 days of bed disability per year and persons with high blood pressure an average of 6 days per year.

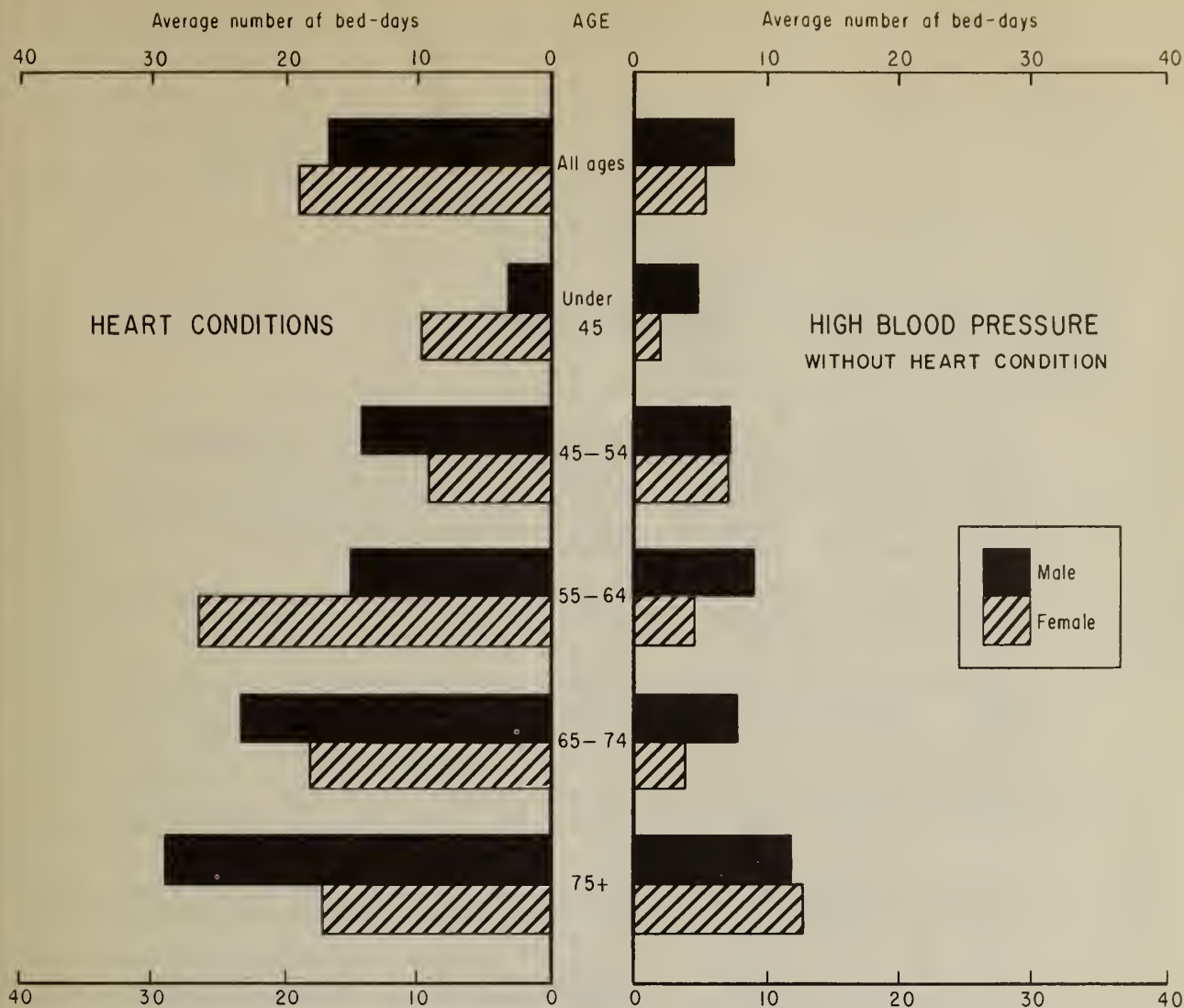


Figure 9. Average number of bed-disability days per person with the condition per year due to heart conditions or high blood pressure by sex and age.

WORK-LOSS DAYS AMONG THE "USUALLY WORKING" POPULATION

Usually working people lost approximately 26 million days from work due to heart disease and hypertension—16.5 million due to heart conditions and 9.5 million, high blood pressure. Males reported 21 million work-loss days, about 4 times as many days as females (5 million).

Of the 16.5 million work-loss days associated with heart conditions 14 million were experienced by males and 2.5 million by females. The 9.5 million work-loss days associated with high blood

pressure were similarly divided—7.0 million for males and 2.5 million for females.

Undoubtedly these low estimates of days lost from work are due to the fact that it is only people with a job or business, or those actively engaged in a profession, who can report days lost from work. Some of the people with heart disease and hypertension have left the "usually working" population as a result of their poor health; others had retired from work before the onset of disability. Consequently, work-loss data do not measure the full impact of these conditions upon the economy.

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Table 1. Persons with heart conditions or high blood pressure reported in interviews by sex, age, and condition group: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Number of persons with condition in thousands			Rate per 1,000 population		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
All ages-----	10,117	4,849	5,268	60.1	28.8	31.3
Under 25-----	536	353	183	7.3	4.8	2.5
25-44-----	1,451	552	898	31.8	12.1	19.7
45-54-----	1,666	674	992	84.8	34.3	50.5
55-64-----	2,416	1,111	1,305	162.9	74.9	88.0
65-74-----	2,500	1,250	1,250	259.7	129.8	129.8
75+-----	1,548	908	640	316.8	185.8	131.0
<u>Male</u>						
All ages-----	3,899	2,403	1,496	47.6	29.3	18.3
Under 25-----	234	174	60	6.4	4.7	1.6
25-44-----	633	276	358	28.9	12.6	16.4
45-54-----	658	374	285	68.6	39.0	29.7
55-64-----	917	607	311	128.3	84.9	43.5
65-74-----	953	631	322	211.3	139.9	71.4
75+-----	503	342	161	236.0	160.5	75.6
<u>Female</u>						
All ages-----	6,218	2,446	3,772	71.9	28.3	43.6
Under 25-----	302	179	123	8.1	4.8	3.3
25-44-----	818	277	541	34.4	11.7	22.8
45-54-----	1,007	300	707	100.2	29.9	70.4
55-64-----	1,499	504	995	195.1	65.6	129.5
65-74-----	1,547	619	928	302.4	121.0	181.4
75+-----	1,045	566	478	379.3	205.4	173.5

Table 2. Number and percent distribution of persons with heart conditions or high blood pressure *reported in interviews* by sex according to when physician was last consulted about the condition: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and medical attention	Number of persons with condition in thousands			Percent of total		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
Total persons-----	10,117	4,849	5,268	100.0	100.0	100.0
Med. att. within past yr.----	7,601	3,598	4,003	75.1	74.2	76.0
Med. att. more than a yr. ago	2,343	1,183	1,160	23.2	24.4	22.0
Never medically attended-----	173	69	105	1.7	1.4	2.0
<u>Male</u>						
Total persons-----	3,899	2,403	1,496	100.0	100.0	100.0
Med. att. within past yr.----	2,799	1,713	1,086	71.8	71.3	72.6
Med. att. more than a yr. ago	1,016	657	358	26.1	27.3	23.9
Never medically attended-----	85	32	52	2.2	1.3	3.5
<u>Female</u>						
Total persons-----	6,218	2,446	3,772	100.0	100.0	100.0
Med. att. within past yr.----	4,802	1,885	2,918	77.2	77.1	77.4
Med. att. more than a yr. ago	1,328	525	802	21.4	21.5	21.3
Never medically attended-----	88	36	52	1.4	1.5	1.4

Table 3. Persons with heart conditions or high blood pressure reported in interviews by sex, when physician was last consulted about the condition, and medical care status: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and medical care status	Number of persons with condition in thousands			Rate per 1,000 population		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
Total persons-----	10,117	4,849	5,268	60.1	28.8	31.3
Under care-----	7,203	3,615	3,587	42.8	21.5	21.3
Not under care-----	2,915	1,233	1,681	17.3	7.3	10.0
Med. att. within past yr.----	7,601	3,598	4,003	45.1	21.4	23.8
Under care-----	6,033	3,009	3,023	35.8	17.9	18.0
Not under care-----	1,568	588	980	9.3	3.5	5.8
Med. att. more than a yr. ago	2,343	1,183	1,160	13.9	7.0	6.9
Under care-----	1,170	606	564	6.9	3.6	3.3
Not under care-----	1,173	576	597	7.0	3.4	3.5
Never medically attended-----	173	69	105	1.0	0.4	0.6
Not under care-----	173	69	105	1.0	0.4	0.6
<u>Male</u>						
Total persons-----	3,899	2,403	1,496	47.6	29.3	18.3
Under care-----	2,678	1,734	944	32.7	21.2	11.5
Not under care-----	1,221	669	552	14.9	8.2	6.7
Med. att. within past yr.----	2,799	1,713	1,086	34.2	20.9	13.3
Under care-----	2,207	1,410	797	26.9	17.2	9.7
Not under care-----	591	303	288	7.2	3.7	3.5
Med. att. more than a yr. ago	1,016	657	358	12.4	8.0	4.4
Under care-----	471	324	147	5.8	4.0	1.8
Not under care-----	545	333	211	6.7	4.1	2.6
Never medically attended-----	85	(*)	52	1.0	(*)	0.6
Not under care-----	85	(*)	52	1.0	(*)	0.6
<u>Female</u>						
Total persons-----	6,218	2,446	3,772	71.9	28.3	43.6
Under care-----	4,524	1,882	2,643	52.3	21.8	30.6
Not under care-----	1,693	565	1,129	19.6	6.5	13.1
Med. att. within past yr.----	4,802	1,885	2,918	55.5	21.8	33.7
Under care-----	3,825	1,599	2,226	44.2	18.5	25.7
Not under care-----	977	285	691	11.3	3.3	8.0
Med. att. more than a yr. ago	1,328	525	802	15.4	6.1	9.3
Under care-----	699	282	417	8.1	3.3	4.8
Not under care-----	628	243	385	7.3	2.8	4.5
Never medically attended-----	88	(*)	52	1.0	(*)	0.6
Not under care-----	88	(*)	52	1.0	(*)	0.6

Table 4. Number and percent distribution of persons with heart conditions or high blood pressure reported in interviews by sex according to when physician was last consulted about the condition and medical care status: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and medical care status	Number of persons with condition in thousands			Percent of total		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
Total persons-----	10,117	4,849	5,268	100.0	100.0	100.0
Under care-----	7,203	3,615	3,587	71.2	74.6	68.1
Not under care-----	2,915	1,233	1,681	28.8	25.4	31.9
Med. att. within past yr.----	7,601	3,598	4,003	100.0	100.0	100.0
Under care-----	6,033	3,009	3,023	79.4	83.6	75.5
Not under care-----	1,568	588	980	20.6	16.3	24.5
Med. att. more than a yr. ago	2,343	1,183	1,160	100.0	100.0	100.0
Under care-----	1,170	606	564	49.9	51.2	48.6
Not under care-----	1,173	576	597	50.1	48.7	51.5
Never medically attended-----	173	69	105	100.0	100.0	100.0
Not under care-----	173	69	105	100.0	100.0	100.0
<u>Male</u>						
Total persons-----	3,899	2,403	1,496	100.0	100.0	100.0
Under care-----	2,678	1,734	944	68.7	72.2	63.1
Not under care-----	1,221	669	552	31.3	27.8	36.9
Med. att. within past yr.----	2,799	1,713	1,086	100.0	100.0	100.0
Under care-----	2,207	1,410	797	78.8	82.3	73.4
Not under care-----	591	303	288	21.1	17.7	26.5
Med. att. more than a yr. ago	1,016	657	358	100.0	100.0	100.0
Under care-----	471	324	147	46.4	49.3	41.1
Not under care-----	545	333	211	53.6	50.7	58.9
Never medically attended-----	85	32	52	100.0	100.0	100.0
Not under care-----	85	32	52	100.0	100.0	100.0
<u>Female</u>						
Total persons-----	6,218	2,446	3,772	100.0	100.0	100.0
Under care-----	4,524	1,882	2,643	72.8	76.9	70.1
Not under care-----	1,693	565	1,129	27.2	23.1	29.9
Med. att. within past yr.----	4,802	1,885	2,918	100.0	100.0	100.0
Under care-----	3,825	1,599	2,226	79.7	84.8	76.3
Not under care-----	977	285	691	20.3	15.1	23.7
Med. att. more than a yr. ago	1,328	525	802	100.0	100.0	100.0
Under care-----	699	282	417	52.6	53.7	52.0
Not under care-----	628	243	385	47.3	46.3	48.0
Never medically attended-----	88	36	52	100.0	100.0	100.0
Not under care-----	88	36	52	100.0	100.0	100.0

Table 5. Persons medically attended within the year for heart conditions or high blood pressure reported in interviews, by sex and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Number of persons medically attended within the year in thousands			Rate per 1,000 population		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
All ages-----	7,601	3,598	4,003	45.1	21.4	23.8
Under 25-----	374	246	128	5.1	3.3	1.7
25-44-----	960	333	627	21.0	7.3	13.7
45-54-----	1,250	484	766	63.6	24.6	39.0
55-64-----	1,871	857	1,014	126.2	57.8	68.4
65-74-----	1,929	961	967	200.4	99.8	100.4
75+-----	1,217	716	501	249.1	146.5	102.5
<u>Male</u>						
All ages-----	2,799	1,713	1,086	34.2	20.9	13.3
Under 25-----	149	117	33	4.1	3.2	0.9
25-44-----	399	167	233	18.2	7.6	10.6
45-54-----	489	265	225	51.0	27.6	23.5
55-64-----	668	445	222	93.5	62.3	31.1
65-74-----	715	466	248	158.5	103.3	55.0
75+-----	379	254	125	177.9	119.2	58.7
<u>Female</u>						
All ages-----	4,802	1,885	2,918	55.5	21.8	33.7
Under 25-----	225	130	96	6.1	3.5	2.6
25-44-----	560	166	394	23.6	7.0	16.6
45-54-----	761	220	541	75.7	21.9	53.8
55-64-----	1,203	411	792	156.5	53.5	103.1
65-74-----	1,214	495	719	237.3	96.8	140.5
75+-----	838	462	376	304.2	167.7	136.5

Table 6. Persons with heart conditions or high blood pressure under care of a physician reported in interviews by sex and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Number of persons with condition under care in thousands			Rate per 1,000 population		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
All ages-----	7,203	3,615	3,587	42.8	21.5	21.3
Under 25-----	233	165	67	3.2	2.2	0.9
25-44-----	823	319	504	18.0	7.0	11.0
45-54-----	1,170	500	670	59.6	25.5	34.1
55-64-----	1,775	845	930	119.7	57.0	62.7
65-74-----	1,956	1,020	936	203.2	106.0	97.2
75+-----	1,245	765	480	254.8	156.6	98.2
<u>Male</u>						
All ages-----	2,678	1,734	944	32.7	21.2	11.5
Under 25-----	103	80	23	2.8	2.2	0.6
25-44-----	338	152	186	15.4	6.9	8.5
45-54-----	473	278	195	49.3	29.0	20.3
55-64-----	649	442	207	90.8	61.8	29.0
65-74-----	731	506	225	162.0	112.2	49.9
75+-----	384	276	108	180.2	129.5	50.7
<u>Female</u>						
All ages-----	4,524	1,882	2,643	52.3	21.8	30.6
Under 25-----	130	86	44	3.5	2.3	1.2
25-44-----	485	167	318	20.4	7.0	13.4
45-54-----	697	222	475	69.4	22.1	47.3
55-64-----	1,126	403	723	146.5	52.4	94.1
65-74-----	1,225	514	711	239.4	100.5	139.0
75+-----	861	490	372	312.5	177.9	135.0

Table 7. Persons with heart conditions or high blood pressure reported in interviews by sex, when physician was last consulted about the condition, and bed-disability days attributed to the condition: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex, medical attention, and bed-days	Number of persons with condition in thousands			Rate per 1,000 population		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
Total persons-----	10,117	4,849	5,268	60.1	28.8	31.3
With 1+ bed-days in year-----	2,000	1,323	677	11.9	7.9	4.0
With no bed-days in year-----	8,117	3,526	4,591	48.2	20.9	27.3
Med. attended within past year-----	7,601	3,598	4,003	45.1	21.4	23.8
With 1+ bed-days in year-----	1,757	1,178	579	10.4	7.0	3.4
With no bed-days in year-----	5,844	2,420	3,424	34.7	14.4	20.3
Med. attended more than a year ago---	2,343	1,183	1,160	13.9	7.0	6.9
With 1+ bed-days in year-----	237	140	97	1.4	0.8	0.6
With no bed-days in year-----	2,106	1,042	1,064	12.5	6.2	6.3
Never medically attended-----	173	69	105	1.0	0.4	0.6
With 1+ bed-days in year-----	(*)	(*)	(*)	(*)	(*)	(*)
With no bed-days in year-----	167	63	104	1.0	0.4	0.6
<u>Male</u>						
Total persons-----	3,899	2,403	1,496	47.6	29.3	18.3
With 1+ bed-days in year-----	840	654	186	10.3	8.0	2.3
With no bed-days in year-----	3,060	1,749	1,311	37.4	21.4	16.0
Med. attended within past year-----	2,799	1,713	1,086	34.2	20.9	13.3
With 1+ bed-days in year-----	754	589	165	9.2	7.2	2.0
With no bed-days in year-----	2,044	1,124	921	25.0	13.7	11.2
Med. attended more than a year ago---	1,016	657	358	12.4	8.0	4.4
With 1+ bed-days in year-----	85	64	(*)	1.0	0.8	(*)
With no bed-days in year-----	930	593	337	11.4	7.2	4.1
Never medically attended-----	85	(*)	52	1.0	(*)	0.6
With 1+ bed-days in year-----	-	-	-	-	-	-
With no bed-days in year-----	85	(*)	52	1.0	(*)	0.6
<u>Female</u>						
Total persons-----	6,218	2,446	3,772	71.9	28.3	43.6
With 1+ bed-days in year-----	1,161	669	491	13.4	7.7	5.7
With no bed-days in year-----	5,057	1,777	3,281	58.5	20.6	37.9
Med. attended within past year-----	4,802	1,885	2,918	55.5	21.8	33.7
With 1+ bed-days in year-----	1,003	588	414	11.6	6.8	4.8
With no bed-days in year-----	3,799	1,296	2,503	43.9	15.0	28.9
Med. attended more than a yr. ago---	1,328	525	802	15.4	6.1	9.3
With 1+ bed-days in year-----	152	76	76	1.8	0.9	0.9
With no bed-days in year-----	1,176	449	726	13.6	5.2	8.4
Never medically attended-----	88	(*)	52	1.0	(*)	0.6
With 1+ bed-days in year-----	(*)	(*)	(*)	(*)	(*)	(*)
With no bed-days in year-----	82	(*)	51	0.9	(*)	0.6

Table 8. Number and percent distribution of persons with heart conditions or high blood pressure reported in interviews by sex according to when physician was last consulted about the condition and bed-disability days attributed to the condition: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex, medical attention, and bed-days	Number of persons with condition in thousands			Percent of total		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
Total persons-----	10,117	4,849	5,268	100.0	100.0	100.0
With 1+ bed-days in year-----	2,000	1,323	677	19.8	27.3	12.9
With no bed-days in year-----	8,117	3,526	4,591	80.2	72.7	87.1
Med. attended within past year-----	7,601	3,598	4,003	100.0	100.0	100.0
With 1+ bed-days in year-----	1,757	1,178	579	23.1	32.7	14.5
With no bed-days in year-----	5,844	2,420	3,424	76.9	67.3	85.5
Med. attended more than a year ago---	2,343	1,183	1,160	100.0	100.0	100.0
With 1+ bed-days in year-----	237	140	97	10.1	11.8	8.4
With no bed-days in year-----	2,106	1,042	1,064	89.9	88.1	91.7
Never medically attended-----	173	69	105	100.0	100.0	100.0
With 1+ bed-days in year-----	(*)	(*)	(*)	(*)	(*)	(*)
With no bed-days in year-----	167	63	104	96.5	91.3	99.0
<u>Male</u>						
Total persons-----	3,899	2,403	1,496	100.0	100.0	100.0
With 1+ bed-days in year-----	840	654	186	21.5	27.2	12.4
With no bed-days in year-----	3,060	1,749	1,311	78.5	72.8	87.6
Med. attended within past year-----	2,799	1,713	1,086	100.0	100.0	100.0
With 1+ bed-days in year-----	754	589	165	26.9	34.4	15.2
With no bed-days in year-----	2,044	1,124	921	73.0	65.6	84.8
Med. attended more than a year ago---	1,016	657	358	100.0	100.0	100.0
With 1+ bed-days in year-----	85	64	(*)	8.4	9.7	(*)
With no bed-days in year-----	930	593	337	91.5	90.3	94.1
Never medically attended-----	85	(*)	52	100.0	(*)	(*)
With 1+ bed-days in year-----	-	-	-	-	-	-
With no bed-days in year-----	85	(*)	52	100.0	(*)	(*)
<u>Female</u>						
Total persons-----	6,218	2,446	3,772	100.0	100.0	100.0
With 1+ bed-days in year-----	1,161	669	491	18.7	27.4	13.0
With no bed-days in year-----	5,057	1,777	3,281	81.3	72.6	87.0
Med. attended within past year-----	4,802	1,885	2,918	100.0	100.0	100.0
With 1+ bed-days in year-----	1,003	588	414	20.9	31.2	14.2
With no bed-days in year-----	3,799	1,296	2,503	79.1	68.8	85.8
Med. attended more than a year ago---	1,328	525	802	100.0	100.0	100.0
With 1+ bed-days in year-----	152	76	76	11.4	14.5	9.5
With no bed-days in year-----	1,176	449	726	88.6	85.5	90.5
Never medically attended-----	88	(*)	52	100.0	(*)	100.0
With 1+ bed-days in year-----	(*)	(*)	(*)	(*)	(*)	(*)
With no bed-days in year-----	82	(*)	51	93.2	(*)	98.1

Table 9. Persons with heart conditions or high blood pressure reported in interviews by sex, age, and the extent of bed disability associated with these conditions: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex, age, and bed disability	Number of persons with condition in thousands			Rate per 1,000 population		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
BOTH SEXES						
<u>All ages</u>						
Total persons-----	10,117	4,849	5,268	60.1	28.8	31.3
No bed disability-----	8,117	3,526	4,591	48.2	20.9	27.3
Minor bed disability-----	1,297	771	526	7.7	4.6	3.1
Major bed disability-----	580	478	102	3.4	2.8	0.6
Unknown bed disability-----	123	74	49	0.7	0.4	0.3
<u>Under 25</u>						
Total persons-----	536	353	183	7.3	4.8	2.5
No bed disability-----	459	308	151	6.2	4.2	2.0
Minor bed disability-----	65	35	30	0.9	0.5	0.4
Major bed disability-----	(*)	(*)	(*)	(*)	(*)	(*)
Unknown bed disability-----	(*)	(*)	(*)	(*)	(*)	(*)
<u>25-44</u>						
Total persons-----	1,451	552	898	31.8	12.1	19.7
No bed disability-----	1,200	426	775	26.3	9.3	17.0
Minor bed disability-----	202	93	109	4.4	2.0	2.4
Major bed disability-----	(*)	(*)	(*)	(*)	(*)	(*)
Unknown bed disability-----	(*)	(*)	(*)	(*)	(*)	(*)
<u>45-64</u>						
Total persons-----	4,082	1,785	2,297	118.4	51.8	66.6
No bed disability-----	3,296	1,259	2,036	95.6	36.5	59.1
Minor bed disability-----	511	308	202	14.8	8.9	5.9
Major bed disability-----	216	183	(*)	6.3	5.3	(*)
Unknown bed disability-----	60	(*)	(*)	1.7	(*)	(*)
<u>65+</u>						
Total persons-----	4,048	2,158	1,890	278.9	148.7	130.2
No bed disability-----	3,162	1,533	1,629	217.9	105.6	112.3
Minor bed disability-----	519	335	185	35.8	23.1	12.7
Major bed disability-----	319	256	63	22.0	17.6	4.3
Unknown bed disability-----	47	(*)	(*)	3.2	(*)	(*)

NOTE: Bed disability (a) Minor=1-30 days (b) Major=31 or more days (c) Unknown=Unknown number of days

Table 10. Number of restricted-activity days in the year associated with heart conditions or high blood pressure reported in interviews by sex and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Number of restricted-activity days in thousands			Restricted-activity days per person with condition ¹		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
All ages-----	337,370	238,478	98,892	33.3	49.2	18.8
Under 45-----	22,840	14,871	7,969	11.5	16.4	7.4
45-54-----	48,268	30,286	17,982	29.0	44.9	18.1
55-64-----	88,393	63,366	25,027	36.6	57.0	19.2
65-74-----	104,034	76,510	27,524	41.6	61.2	22.0
75+-----	73,835	53,446	20,389	47.7	58.9	31.9
<u>Male</u>						
All ages-----	152,499	116,696	35,803	39.1	48.6	23.9
Under 45-----	10,855	6,906	3,949	12.5	15.3	9.4
45-54-----	26,774	20,252	6,523	40.7	54.1	22.9
55-64-----	39,255	29,803	9,452	42.8	49.1	30.4
65-74-----	48,460	38,295	10,164	50.8	60.7	31.6
75+-----	27,155	21,440	5,715	54.0	62.7	35.5
<u>Female</u>						
All ages-----	184,872	121,782	63,089	29.7	49.8	16.7
Under 45-----	11,985	7,965	4,020	10.7	17.4	6.1
45-54-----	21,494	10,034	11,459	21.3	33.4	16.2
55-64-----	49,138	33,563	15,575	32.8	66.6	15.7
65-74-----	55,574	38,214	17,360	35.9	61.7	18.7
75+-----	46,681	32,006	14,675	44.7	56.5	30.7

¹Estimates of all persons with heart conditions or high blood pressure, used in computing these rates, appear in table I.

Table 11. Number of bed-disability days in the year associated with heart conditions or high blood pressure reported in interviews by sex and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Sex and age	Number of bed-disability days in thousands			Bed-days per person with condition ¹		
	Total	Heart conditions	High blood pressure without heart involvement	Total	Heart conditions	High blood pressure without heart involvement
<u>Both sexes</u>						
All ages-----	119,441	87,885	31,556	11.8	18.1	6.0
Under 45-----	9,151	5,956	3,195	4.6	6.6	3.0
45-54-----	15,166	8,076	7,090	9.1	12.0	7.1
55-64-----	30,089	22,588	7,501	12.5	20.3	5.7
65-74-----	31,894	26,002	5,892	12.8	20.8	4.7
75+-----	33,141	25,263	7,879	21.4	27.8	12.3
<u>Male</u>						
All ages-----	51,824	40,567	11,258	13.3	16.9	7.5
Under 45-----	3,454	1,439	2,015	4.0	3.2	4.8
45-54-----	7,334	5,270	2,064	11.1	14.1	7.2
55-64-----	12,002	9,184	2,818	13.1	15.1	9.1
65-74-----	17,228	14,748	2,481	18.1	23.4	7.7
75+-----	11,806	9,926	1,880	23.5	29.0	11.7
<u>Female</u>						
All ages-----	67,617	47,318	20,299	10.9	19.3	5.4
Under 45-----	5,697	4,517	1,180	5.1	9.9	1.8
45-54-----	7,832	2,807	5,025	7.8	9.4	7.1
55-64-----	18,087	13,404	4,683	12.1	26.6	4.7
65-74-----	14,666	11,254	3,411	9.5	18.2	3.7
75+-----	21,335	15,337	5,999	20.4	27.1	12.6

¹Estimates of all persons with heart conditions or high blood pressure, used in computing these rates, appear in table I.

Table 12. Population used in obtaining rates shown in this publication by sex and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Age	Both sexes	Male	Female
	Population in thousands		
All ages-----	168,369	81,906	86,463
Under 25-----	73,730	36,640	37,089
25-44-----	45,656	21,885	23,772
45-54-----	19,639	9,592	10,047
55-64-----	14,831	7,147	7,685
65-74-----	9,627	4,511	5,116
75+-----	4,886	2,131	2,755

NOTE: For official population estimates for more general use, See Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, P-50, P-57, and P-60.

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report on Heart Conditions and High Blood Pressure is one of a series of statistical reports which cover separate health-related topics prepared by the U. S. National Health Survey. The report is based on information collected in the nationwide continuing sample household-interview survey which is a main aspect of the program.

The household-interview survey uses a questionnaire which, in addition to personal and demographic characteristics, requests information on illnesses, injuries, chronic conditions, medical care, dental care, and hospitalization. As interview data relating to each of these various broad subject areas are tabulated and analyzed, separate reports are issued covering one or more specific topics. The present report on heart conditions and high blood pressure is based on the consolidated sample for 52 weeks of interviewing ending June 29, 1958.

The population covered by the sample for the household-interview survey is the civilian population of the United States living at the time of the household interview. Although the sample collection covers persons living as inmates of resident-type institutions, data for these persons are not included in the figures given in these reports pending special study of the applicability of an interview-type questionnaire to these persons. The sample does not include members of the Armed Forces, United States nationals living in foreign countries, and crews of vessels.

Statistical Design of the Health-Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of an area sample of 372 from among approximately 1,900 geographically defined Primary Sampling Units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments persons are interviewed concerning illnesses, injuries, chronic conditions, disability, and other factors related to health.

The household members interviewed each week are a representative sample of the population so that samples for successive weeks can be combined into larger

samples for, say a calendar quarter, or a year. Thus the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages, as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—The national sample plan over a 12-month period includes approximately 115,000 persons from 36,000 households in 6,000 segments, with representation from every State. The over-all sample was designed in such a fashion, that from the annual sample, tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the Public Health Service. In accordance with these specifications the Bureau of the Census designs and selects the sample, conducts the field interviewing acting as collecting agent for the Public Health Service, and edits and codes the questionnaires. Tabulations are prepared by the Public Health Service using the Bureau of the Census electronic computers.

Estimating methods.—Each statistic produced by the survey—for example, the number of persons with high blood pressure—is the result of two stages of ratio estimation. In the first of these, the ratio factor is 1950 decennial population count to estimated population for 1950 for the U. S. National Health Survey first-stage sample of PSU's. These factors are applied for 132 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in 76 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample more closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of that population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the United States population for that calendar quarter.

For prevalence statistics, such as the number of persons with heart conditions, weekly estimates were averaged to produce estimates for a quarter. The quarterly estimates were then averaged to obtain the estimates for the year.

For statistics measuring the number of occurrences during a specified time period, such as number of bed-disability days associated with high blood pres-

sure, a similar computational procedure is used, but the statistics have a different interpretation. For the disability-day items, the questionnaire asks for the respondent's experience over the two calendar weeks prior to week of interview. In such instances, the estimated quarterly total for the statistic is simply 6.5 times the average two-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons interviewed during a year—experience which actually occurred for each person in a two-calendar-week interval prior to week of interview—is treated in analysis as though it measured the total of such experience occurring in the year. For most statistics, such interpretation leads to no significant bias.

The interviewing and estimation procedures, as noted earlier, are designed to reproduce the experience in the reference period of the questionnaire for the population living at the time of interview.

General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputed to persons in a household not interviewed the characteristics of interviewed persons in the same segment. The total noninterview rate was 6 percent; 1 percent was refusal, and the remainder was accounted for by all other reasons, such as failure to find any household respondent after repeated trials.

The interview process.—The statistics presented in this report are based on replies secured in interview of persons in the sampled households. Each person, 18 years and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for children and for adults not available at the time of the interview provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information the household respondent, can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other types of facts such as the number of disability days caused by the condition can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report all of this type of information.

Rounding of numbers.—The original tabulations on which data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are shown in thousands or millions, although they are not necessarily accurate to that detail. Derived statistics such as rates and percent distributions are computed after the estimates on which they are based have been rounded to the nearest thousand.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain over-all totals by age and sex (which are independently estimated), these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some

instances they will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the over-all totals by age and sex, mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sample surveys) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

The estimates of standard errors shown in the following tables are approximations for the 372-area sample. In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, tables I through III, included at the end of this Appendix, should be interpreted as providing an estimate of approximate standard error rather than as the precise standard error for any specific aggregate or percentage.

Three classes of statistics for the health survey are identified for purposes of estimating variances.

Narrow range.—This class consists of (1) statistics which estimate a population attribute—i.e., number of persons with a specified characteristic; for example: the number of persons with heart conditions; and (2) statistics for which the measure for a single individual for the period of reference in the questionnaire is usually either the value 0 or 1, but on occasion may take on the value 2, or very rarely 3.

Medium range.—This class consists of other statistics for which the measure for a single individual for the period of reference in the questionnaire will rarely lie outside the range 0 to 5. (There were no Medium-range statistics presented in this report.)

Wide range.—This class consists of statistics for which the measure for a single individual for the period of reference in the questionnaire will range from 0 to a number frequently in excess of 5; for example: the number of restricted-activity days associated with heart conditions experienced during the year.

Sampling errors for Narrow- and Wide-range statistics were read from curves which have been fitted to computed standard errors for a number of appropriate items for four quarters of sampling.

In addition to classifying variables according to whether they are Narrow, Medium, or Wide range, two other classes of statistics are defined in the survey:

Variable	Use sampling error table indicated below
Number of persons with heart conditions or high blood pressure in any age-sex category, or according to medical attention, under care status, or bed-disability category-----	Table I, Narrow range
Prevalence rates of persons with heart conditions or high blood pressure based on total population in age and/or sex categories-----	Table II
Percentage distribution of persons with heart conditions or high blood pressure in any age-sex category according to medical attention, under care status, or bed-disability category-----	Table II
Estimates of the number of disability days (restricted activity, bed disability, or work loss)-----	Table I, Wide range
Rates of disability days of the following types: (1) number of disability days per person per year, (2) average number of persons each day with disability-----	Use rule 3(b) below
Percentage distribution of disability days associated with conditions, according to age and sex-----	Table III

Type I consists of statistics on prevalence, for example, the number of persons with high blood pressure under care of a physician.

Type II consists of statistics for which the period of reference in the questionnaire is two weeks, for example, the number of restricted-activity days associated with heart conditions.

Only those sampling error tables applicable to data contained in this report are presented here. Those shown are the sampling error tables for Narrow-range Type I statistics and for Wide-range Type II statistics.

General rules for determining sampling errors.—The "guide" shown above, together with the following rules will enable the reader to determine sampling errors from tables I through III for the statistics presented in this report.

1. Estimates of aggregates: Standard errors for estimates of aggregates are given in table I, with the following exception. Where the aggregate consists of the number of persons in an age or sex category of the population for which the number of such persons is a large part of the total population in the age or sex category, table I overstates the sampling error by a significant amount. Such a statistic has the same relative standard error¹ as does the estimated number

expressed as a percent of the total population in the category. Table II may be utilized for computing standard errors for this group of estimates.

2. Estimates of percentages: Standard errors for estimates of percentages are given in tables II and III.
3. Estimates of ratios or rates: (a) Where the numerator of the rate is a subclass of the base or denominator, use table II or III to obtain the sampling error. (b) Where the numerator is not a subclass of the denominator, a rough approximation of the sampling error may be obtained as follows. The relative standard error¹ of the ratio is equal to the square root of the sum of the squares of the relative standard errors¹ of the numerator and the denominator. This will normally give an overestimate of the true sampling error.
4. Differences between two sample estimates: The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases.

¹The relative standard error for any statistic is the standard error divided by the statistic itself.

Table I. Standard errors of estimates of aggregates

(All numbers shown in thousands)		
Size of estimate	Standard error	
	Narrow-range Type I	Wide-range Type II
100	22	...
500	50	...
1,000	70	500
2,000	100	700
3,000	120	900
5,000	160	1,200
10,000	220	1,500
20,000	300	2,200
30,000	330	2,700
50,000	350	3,500
100,000	400	5,500
200,000	...	8,000
500,000	...	15,000
750,000	...	21,000
1,250,000	...	32,000

Illustration of use of table I.--The number of restricted-activity days associated with high blood pressure was 98,892,000. Since this is an estimate of an aggregate and since restricted-activity days is a Wide-range Type II variable, the "Wide-range" column of table I is appropriate. Reading in this column, it is found that a statistic of 50,000,000 has a standard error of 3,500,000 and a statistic of 100,000,000 has a standard error of 5,500,000. Interpolating between these values, the appropriate standard error of the estimated 98,892,000 days is 5,456,000.

Table II. Standard error of estimated percentage for Narrow-range statistics (body of table expressed in percentage points)

Estimated percentage	Base of percentage (base is shown in thousands)										
Type I items	100	500	1,000	2,000	3,000	5,000	10,000	20,000	30,000	50,000	100,000
2 or 98-----	3.6	1.6	1.1	0.8	0.7	0.5	0.4	0.3	0.2	0.2	0.1
5 or 95-----	5.6	2.5	1.8	1.3	1.0	0.8	0.6	0.4	0.3	0.3	0.2
10 or 90-----	6.8	3.0	2.1	1.5	1.2	1.0	0.7	0.5	0.4	0.3	0.2
25 or 75-----	9.8	4.4	3.1	2.2	1.8	1.4	1.0	0.7	0.6	0.4	0.3
50-----	12.9	5.8	4.1	2.9	2.4	1.8	1.3	0.9	0.7	0.6	0.4

Illustration of use of table II.--Of the 5,268,000 persons reported as having high blood pressure, 12.9 percent had one or more days of bed disability in the year. Since this is a percentage, and a Narrow-range variable, table II is appropriate. For a base of 5,000,000 a statistic of 10 percent has a standard error of 1.0 percentage points, and a statistic of 25 percent has a standard error of 1.4 percentage points. Interpolating, with a base of 5,000,000 a statistic of 12.9 percent would have a standard error of 1.08. Corresponding calculations with a base of 10,000,000 produce a standard error of 0.76. A final interpolation between these two results yields an estimate of 1.06 percentage points which rounds to 1.1 as the approximate standard error for a statistic of 12.9 percent with a base of 5,268,000. (Interpolation has been carried out in two dimensions in this example. Usually a simple scanning of table II will provide an approximate answer which is sufficient for most purposes.)

Table III. Standard error of estimated percentage for Wide-range statistics (body of table expressed in percentage points)

Estimated percentage	Base of percentage (base is shown in thousands)									
Type II items	2,500	12,500	25,000	50,000	75,000	125,000	250,000	500,000	750,000	1,250,000
2 or 98-----	4.2	1.9	1.3	0.9	0.8	0.6	0.4	0.3	0.2	0.2
5 or 95-----	6.5	2.9	2.1	1.5	1.2	0.9	0.7	0.5	0.4	0.3
10 or 90-----	9.0	4.0	2.8	2.0	1.6	1.3	0.9	0.6	0.5	0.4
25 or 75-----	13.0	5.8	4.1	2.9	2.4	1.8	1.3	0.9	0.8	0.6
50-----	15.0	6.7	4.7	3.4	2.7	2.1	1.5	1.1	0.8	0.7

Illustration of use of table III.—Of the 98,892,000 restricted-activity days associated with high blood pressure, 20.6 percent of them were for persons over 75 years of age. Since this is a percentage and since restricted-activity days is a Wide-range variable, table III is appropriate. For a base of 75,000,000 a statistic of 10 percent has a standard error of 1.6 percentage points and a statistic of 25 percent has a standard error of 2.4 percentage points. Interpolating, with a base of 75,000,000 a statistic of 20.6 percent would have a standard error of 2.17 percentage points. Corresponding calculations with a base of 125,000,000 produce a standard error of 1.65 percentage points. A final interpolation between these two results yields an estimate of 1.92 percentage points which rounds to 1.9 as the approximate standard error for a statistic of 20.6 percent with a base of 98,892,000. (Interpolation has been carried out in two dimensions in this example. Usually a simple scanning of table III will provide an approximate answer which is sufficient for most purposes.)

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Chronic Conditions

Condition.—A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "illness-recall" questions (11-17, Appendix III). In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Statistical Classification of Diseases, Injuries, and Causes of Death with certain modifications adopted to make the code more suitable for a household-interview-type survey. For survey results for the year ending June 29, 1958, the 1948 Revision of the International Classification was used. Impairments are coded according to a special supplementary classification.

Chronic condition.—A condition is considered to be chronic if (1) it is described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" or in terms of one of the types of impairments on the "Check List of Impairments," or (2) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview.

Onset of condition.—A morbidity condition, whether acute or chronic, is considered to have had its onset when it was first noticed. This could be the time the person first felt "sick," or became injured, or it could be the time the person or his family was first told by a physician that he had a disease of which he was previously unaware. For a chronic condition, episodic in nature, the onset is always considered to be the original onset rather than the start of the most recent episode.

Prevalence of conditions.—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time.

The prevalence of chronic conditions denotes the number of chronic cases reported to be present or assumed to be present at the time of interview; those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the chronic conditions on the "Check List of Chronic Conditions" and reported to have been present at some time during the 12-month period prior to the interview.

Estimates of the prevalence of chronic conditions may be restricted to cases that satisfy certain addi-

Check List of Chronic Conditions

- | | |
|---------------------------------------|-------------------------------------------|
| 1. Asthma | 16. Kidney stones or other kidney trouble |
| 2. Any allergy | 17. Arthritis or rheumatism |
| 3. Tuberculosis | 18. Prostate trouble |
| 4. Chronic bronchitis | 19. Diabetes |
| 5. Repeated attacks of sinus trouble | 20. Thyroid trouble or goiter |
| 6. Rheumatic fever | 21. Epilepsy or convulsions of any kind |
| 7. Hardening of the arteries | 22. Mental or nervous trouble |
| 8. High blood pressure | 23. Repeated trouble with back or spine |
| 9. Heart trouble | 24. Tumor or cancer |
| 10. Stroke | 25. Chronic skin trouble |
| 11. Trouble with varicose veins | 26. Hernia or rupture |
| 12. Hemorrhoids or piles | |
| 13. Gallbladder or liver trouble | |
| 14. Stomach ulcer | |
| 15. Any other chronic stomach trouble | |

Check List of Impairments

1. Deafness or serious trouble with hearing.
2. Serious trouble with seeing, even with glasses.
3. Condition present since birth, such as cleft palate or club foot.
4. Stammering or other trouble with speech.
5. Missing fingers, hand, or arm.
6. Missing toes, foot, or leg.
7. Cerebral palsy.
8. Paralysis of any kind.
9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back.

tional stated criteria, such as, for example, cases involving a day or more in bed in the past year, or cases still under medical care.

Persons with heart conditions or high blood pressure.—The prevalence counts of heart conditions or high blood pressure shown in this report are obtained from counts of conditions rather than persons. If an individual reports both a heart condition and high blood pressure, these are merged in the medical coding procedure and appear in tabulations as a heart condition. Since there can be no duplication of persons in the two condition groups shown the counts are essentially counts of persons with the condition. In this report "the number of persons with a condition" and "the prevalence of a condition" are used synonymously.

Physician.—For the purposes of this report, physician includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than physician because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Medically attended condition.—A condition for which a physician was consulted is called a medically attended condition. Consulting a physician includes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient by the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one condition for each of several patients, each condition is counted as medically attended. A condition is counted as medically attended if a physician was consulted about it at its onset or at any time thereafter.

A parent consulting a physician about a child's condition is counted as medical consultation about that condition even if the child was not seen by the physician at that time.

Interval since last medical attention for a condition.—The interval since the last medical attention for a condition is obtained only for chronic conditions. It refers to the number of months or years prior to the week of interview since a physician was last consulted about the chronic condition. If during the course of an examination for the purpose of obtaining insurance, employment, etc., a condition was merely noted by a physician who was not giving a diagnosis, advice, or treatment, this is not counted in determining the last time a physician was consulted.

Under care.—This information is obtained only for chronic conditions. A chronic condition which is "under care" is one for which the person is still "under instruction" from a physician. By "under instruction" is meant one or more of the following: (1) taking certain medicine or treatment prescribed by a physician, (2) observing a certain systematic course of diet or activity, (3) visiting the physician regularly for checking on the condition, and (4) under instruction from the physician to return if some particular thing happens.

Terms Relating to Disability

Disability.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these, too, are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Restricted-activity day.—A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, "usual activities" depend upon whatever the usual pattern is for the child's day which will, in turn, be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, "usual activities" might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are

taken to be the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth.

Restricted activity does not imply complete inactivity but it does imply only the minimum of "usual activities." A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore, such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as: more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Bed-disability categories.—In an attempt to develop a crude measure of the severity of the condition, persons were categorized according to the amount of bed disability caused by the condition. The categories refer to the number of days of bed disability experienced during the 12 months prior to the interview week.

<u>Categories</u>	<u>Days in the 12 months</u>
No bed disability	No days
Minor bed disability	1-30 days
Major bed disability	31 or more days
Unknown bed disability	Unknown number of days

Work-loss day.—A day is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for persons 17 years of age and over.

Condition-days of restricted activity, bed disability, etc.—Condition-days of restricted activity, bed disability, and so forth are days of the various forms of disability associated with any one condition. Since any particular day of disability may be associated with more than one condition, the sum of days for all conditions adds to more than the total number of person-days.

Demographic Terms

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

Usually working.—The major activity category "usually working" includes persons 17 years and older who reported that they spent most of their time during the 12 months prior to interview as: a paid employee of someone else; self-employed in own business or profession, or in farming; or an unpaid worker in a family business or farm. Work around the house, or volunteer or unpaid work, such as for church, Red Cross, etc., is not counted as working.

APPENDIX III

QUESTIONNAIRE

The items below show the exact content and wording of the questionnaire used in the household survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person.

<p>The National Health Survey is authorized by Public Law 852 of the 84th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).</p>											
<p>Form NHB-1 (3-18-57)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS Acting as Collecting Agent for the U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p>						<p>1. Questionnaire of Questionnaire</p>					
2. (a) Address or description of location						3. Ident. Code	4. Sub-sample weight	5. Sample	6. PSU Number	7. Segment No.	8. Serial No.
<p>(b) Type of living quarters: <input type="checkbox"/> Dwelling unit <input type="checkbox"/> Other</p> <p>(c) Name of Special Dwelling Place _____ Code _____</p>						9. Is this house on a farm or ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No					
						<p>10. What is the telephone number here? <input type="checkbox"/> No phone</p> <p>11. What is the best time to call? _____</p>					
12. Are there any other living quarters, occupied or vacant, in this building (apartment)? <input type="checkbox"/> Yes <input type="checkbox"/> No						13. Is there any other building on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. Does anyone else living in this building use YOUR ENTRANCE to get to his living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No						<p style="text-align: center;">INSTRUCTIONS</p> <p>If "Yes" to questions 12, 13 or 14 apply definition of a dwelling unit to determine whether one or more additional questionnaires should be filled and whether the listing is to be corrected.</p>					
15. RECORD OF CALLS AT HOUSEHOLDS											
item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.
Entire household		Date _____ Time _____									
Callbacks for individual respondents		Date _____ Time _____									
16. REASON FOR NON-INTERVIEW											
TYPE:	A		B		C		Z				
Reason:	<input type="checkbox"/> Refusal <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Vacant - Non-seasonal <input type="checkbox"/> Vacant - seasonal <input type="checkbox"/> Usual residence elsewhere <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Demolished <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Other (Specify) _____		<p>Interview not obtained for:</p> <p>Cole. _____ because: _____</p>				
Comments on non-interview _____											
17. Signature of interviewer: _____										18. Code: _____	
Special instructions or notes _____											
EDITING RECORD FOR OFFICE USE ONLY											
a. Result of edit		b. Type of follow-up		d. Edited		e. Re-edited		f. Re-edited			
<input type="checkbox"/> Passed <input type="checkbox"/> Passed (EPQ) <input type="checkbox"/> Failed - no follow-up <input type="checkbox"/> Failed - follow-up		<input type="checkbox"/> Office telephone <input type="checkbox"/> Interviewer telephone <input type="checkbox"/> Personal		<p>Editor _____</p> <p>Date _____</p>		<p>Editor _____</p> <p>Date _____</p>		<p>Editor _____</p> <p>Date _____</p>			
		c. Result of follow-up									
		<input type="checkbox"/> Completed <input type="checkbox"/> Non-interview									
<p>1. (a) What is the name of the head of this household? (Enter name in first column)</p> <p>(b) What are the names of all other persons who live here? (List all persons who usually live here, and all persons staying here who have no usual place of residence elsewhere. List these persons in the prescribed order.)</p> <p>(c) Do any (other) lodgers or roomers live here? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(d) Is there anyone else who lives here who is now away on business? On a visit? Temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(e) Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(f) Do any of these people have a home elsewhere? <input type="checkbox"/> No (leave on questionnaire) <input type="checkbox"/> Yes (if not a household member, delete)</p>											
										Last name	
										First name and initial	
2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, partner, lodger, lodger's wife, etc.)										Relationship	
3. Race (Check one box for each person)										<input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other	
4. Sex (Check one box for each person)										<input type="checkbox"/> Male <input type="checkbox"/> Female	
5. How old were you on your last birthday?										Age <input type="checkbox"/> Under 1 year	
6. Where were you born? (Record state or foreign country)										(State or foreign country)	
If 14 years old or over, ask:										<input type="checkbox"/> Under 14 years	
7. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)										<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married	
If 14 years old or over, ask:										<input type="checkbox"/> Under 14 years	
8. What is the highest grade you completed in school? (Circle highest grade completed or check "None")										<p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 1 2 3 4</p> <p>College: 1 2 3 4 5</p>	

TABLE A (Accidents and Injuries)	
Line No. from Table I <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div>1. What part of the body was hurt? What kind of injury was it? Anything else?</div> <div style="text-align: right;"><input type="checkbox"/> Accident happened during past 2 weeks</div>
2. When did it happen? Month _____ Year _____ (Enter only the year if prior to 1958)	<input type="checkbox"/> Accident happened during past 2 weeks
<div>3. Where did the accident happen?</div> <div> <input type="checkbox"/> At home (inside or outside the house) <input type="checkbox"/> While in Armed Services <input type="checkbox"/> Some other place </div>	
<div>4. Was a car, truck, bus or other motor vehicle involved in the accident in any way?</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
<div>5. Were you at work at your job or business when the accident happened?</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under 14 years at time of accident </div>	

MEDICAL CARE	
18. (a) LAST WEEK OR THE WEEK BEFORE did anyone in the family - you, your --, etc. - talk to a doctor or go to a doctor's office or clinic? Anyone else? If "Yes" (b) How many times during the past 2 weeks? (c) Where did you talk to the doctor? (d) How many times at -- (home, office, clinic, etc.)? (Record total number of times for each type of place)	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to q. 20) ----- No. of times Place _____ Time _____ At home..... At office..... Hospital clinic..... Company or industry... Over telephone..... Other (Specify).....
19. What did you have done? If more than one visit or telephone call: What did you have done on the { first second } visit (or telephone call)? etc.	(1) (2) (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diag. or treatment <input type="checkbox"/> <input type="checkbox"/> Pre/post natal care <input type="checkbox"/> <input type="checkbox"/> Gen'l check-up <input type="checkbox"/> <input type="checkbox"/> Immun./Vacc. <input type="checkbox"/> <input type="checkbox"/> Eye exam. (glaucoma) <input type="checkbox"/> <input type="checkbox"/> Other (Specify)
20. If "No" to q. 18, ask: How long has it been since you last talked to a doctor?	Mo. or Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never
DENTAL CARE	
21. (a) Last week or the week before did anyone in the family go to a dentist? Anyone else? If "Yes" (b) How many times during the past 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to q. 24) ----- No. of times
22. What did you have done? If more than one visit: What did you have done on the { first second } visit? etc.	(1) (2) (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fillings <input type="checkbox"/> <input type="checkbox"/> Extractions or other surgery <input type="checkbox"/> <input type="checkbox"/> Straightening <input type="checkbox"/> <input type="checkbox"/> Treatment for gum <input type="checkbox"/> <input type="checkbox"/> Cleaning teeth <input type="checkbox"/> <input type="checkbox"/> Other (Specify)
If "No" to q. 21, ask: 23. How long has it been since you went to a dentist?	Mo. or Yrs. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never
24. Is there anyone in the family who has lost all of his teeth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOSPITAL CARE	
25. (a) DURING THE PAST 12 MONTHS has anyone in the family been a patient in a hospital overnight or longer? If "Yes": (b) How many times were you in the hospital?	<input type="checkbox"/> Yes (Table II) <input type="checkbox"/> No ----- No. of times
26. (a) During the past 12 months has anyone in the family been a patient in a nursing home or sanitarium? If "Yes": (b) How many times were you in a nursing home or sanitarium?	<input type="checkbox"/> Yes (Table II) <input type="checkbox"/> No ----- No. of times
27. During the past 12 months in which group did the total income of your family fall, that is, your's, your --'s, etc.? (Show Card N) Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.	Group No.

Table I - ILLNESSES, IMPAIRMENTS AND ACCIDENTS

How many days, including the 2 weekends?	How many of these -- days were you in bed all or most of the day?	If 8 years old or over, ask: Last week or the week before would you have been working at a job or business (going to school) except for ...?	If "Yes" in col. (i): How many days did ... keep you from work (going to school)?	Did you first notice ... DURING THE PAST 3 MONTHS or before that time?		To Interviewer: If col. (k) is checked or the condition is on either one of Cards A or B, continue; otherwise, STOP	Did you first notice ... DURING THE PAST 12 MONTHS or before that time? (If during past 12 months, ask: Which month?)	When did you last talk to a doctor about ...? (Month and year - Year only if prior to 1950)	Do you still take any medicine or treatment that the doctor prescribed for ...? Or, follow any advice he gave?	About how many days during the past 12 months, has ... kept you in bed for all or most of the day?	Please look at this card and read each statement. Then tell us which statement fits you best. (Show Cards C-P, as appropriate)	If "1," or "2," or "3" in Col. (r) ask: Please look at this card and tell us which of these statements fits you best. (Show Card G)	Line Number
				Check one Before 3 months (Go to col. (n))	During 3 months (If during past 2 weeks, ask: Which week, last week or the week before?)								
(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	1
Days	Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Days		<input type="checkbox"/> Last <input type="checkbox"/> Before 2 wks. <input type="checkbox"/> Week before		Mo. _____ Yr. _____ <input type="checkbox"/> Before <input type="checkbox"/> Birth <input type="checkbox"/> No Dr.	Mo. _____ Yr. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Dr.	Days or None				

Table II - HOSPITALIZATION DURING PAST 12 MONTHS

Were any operations performed on you during this stay in the hospital? If "Yes": (a) What was the operation? (b) Any other operations? (1)	What is the name and address of the hospital you were in? (Enter name, city or county, and State) (2)	Line Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		1

FOOTNOTES AND COMMENTS

<p>Card A</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY Check List of Chronic Conditions</p> <ol style="list-style-type: none"> 1. Asthma 2. Any allergy 3. Tuberculosis 4. Chronic bronchitis 5. Repeated attacks of sinus trouble 6. Rheumatic fever 7. Hardening of the arteries 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Hemorrhoids or piles 13. Gallbladder or liver trouble 14. Stomach ulcer 15. Any other chronic stomach trouble 16. Kidney stones or other kidney trouble 17. Arthritis or rheumatism 18. Prostate trouble 19. Diabetes 20. Thyroid trouble or goiter 21. Epilepsy or convulsions of any kind 22. Mental or nervous trouble 23. Repeated trouble with back or spine 24. Tumor or cancer 25. Chronic skin trouble 26. Hernia or rupture 	<p>Card C</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY For: Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 1. Cannot work at all at present. 2. Can work but limited in amount or kind of work. 3. Can work but limited in kind or amount of outside activities. 4. Not limited in any of these ways. 	<p>Card E</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY For: Children from 6 to 16 years old and others going to school</p> <ol style="list-style-type: none"> 1. Cannot go to school at all at present time. 2. Can go to school but limited to certain types of schools or in school attendance. 3. Can go to school but limited in other activities. 4. Not limited in any of these ways. 	<p>Card G</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p> <ol style="list-style-type: none"> 1. Confined to the house all the time, except in emergencies. 2. Can go outside but need the help of another person in getting around outside. 3. Can go outside alone but have trouble in getting around freely. 4. Not limited in any of these ways.
<p>Card B</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY Check List of Impairments</p> <ol style="list-style-type: none"> 1. Deafness or serious trouble with hearing. 2. Serious trouble with seeing, even with glasses. 3. Condition present since birth, such as cleft palate or club foot. 4. Stammering or other trouble with speech. 5. Missing fingers, hand, or arm. 6. Missing toes, foot, or leg. 7. Cerebral palsy. 8. Paralysis of any kind. 9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back. 	<p>Card D</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY For: Housewife</p> <ol style="list-style-type: none"> 1. Cannot keep house at all at present. 2. Can keep house but limited in amount or kind of housework. 3. Can keep house but limited in outside activities. 4. Not limited in any of these ways. 	<p>Card F</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY For: Children under 6 years old</p> <ol style="list-style-type: none"> 1. Cannot take part at all in ordinary play with other children. 2. Can play with other children but limited in amount or kind of play. 4. Not limited in any of these ways. 	<p>Card H</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY Family income during past 12 months</p> <ol style="list-style-type: none"> 1. Under \$500 (including loss) 2. \$500 - \$999 3. \$1,000 - \$1,999 4. \$2,000 - \$2,999 5. \$3,000 - \$3,999 6. \$4,000 - \$4,999 7. \$5,000 - \$6,999 8. \$7,000 - \$9,999 9. \$10,000 and over.

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